

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>						SERIAL NO. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div>		FILING DATE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px 0;"></div>				
						APPLICANT(S) <div style="border: 1px solid black; width: 300px; height: 20px; margin: 2px 0;"></div>						
CLAIMS												
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